



U.S. Agency for
International
Development

Bureau for
Global Health

COUNTRY PROFILE

HIV/AIDS

BRAZIL

Brazil, with approximately one-third of the region's population, is the epicenter of the epidemic in South America, and accounts for nearly three-fifths of reported AIDS cases (57 percent) in Latin America and the Caribbean. The first known cases were in 1980, and, through March 2002, the Ministry of Health reported 237,588 cumulative AIDS cases. The high proportion of

AIDS cases in part reflects historically more accurate reporting in Brazil than in many other countries in the region. Nevertheless, HIV prevalence in Brazil is higher than in most other Latin American and Caribbean countries. At the end of 2001, some 610,000 individuals were estimated to be living with HIV/AIDS, an adult prevalence of 0.6 percent. Among populations at greatest risk, prevalence, at 42.0 percent, is considerably higher.

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	610,000
Total Population (2001)	172,559,000
Adult HIV Prevalence (end 2001)	0.7%
HIV-1 Seroprevalence in Urban Areas	
Population at high risk (i.e., sex workers and clients, STI patients, or others with known risk factors)	42.0%
Population at low risk (i.e., pregnant women, blood donors, or others with no known risk factors)	1.6%

Sources: UNAIDS, U.S. Census Bureau

Brazil is considered to have a “concentrated” epidemic—with HIV prevalence under 1 percent in the population as a whole, but higher than 5 percent among groups at greatest risk, particularly men who have sex with men, male and female commercial sex workers, and injecting drug users. Transmission is primarily through sexual contact, but injecting drug use represents a significant and growing mode of transmission, and approximately 22 percent of new cases. Although 55 percent of new AIDS cases were identified as resulting from heterosexual transmission in 2001, and 21 percent from transmission among men who have sex with men, this latter statistic is believed to be an underestimate because of the high level of stigma associated with identifying as a man who has sex with men.

According to the Brazil HIV/AIDS Strategic Plan 2003–2008, most new HIV infections appear to occur in the 20–35 age range. Although the proportion of cases occurring among women appears to be increasing, and the male-to-female ratio is down to 1.7:1, it remains primarily a male-driven epidemic. The evidence indicates most women being infected are the partners of men who have engaged in high-risk behaviors.

The majority of cases (85 percent) occur in the southeastern and southern urban areas, where transmission through injecting drug use is a significant factor. Because it shares a border with 10 other countries, Brazil's epidemic also poses the threat of international spread of HIV/AIDS. Tourism, immigration, a proliferation of commercial sex, and drug trafficking all heighten the risk of cross-border transmission.



Map of Brazil: PCL Map Collection, University of Texas

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National Response

Brazil has been a regional and global leader in the fight against HIV/AIDS. Despite political transition and economic turbulence, response to the epidemic was fairly swift. Community activists prompted increased public response in Brazil's two largest states, Sao Paulo and Rio de Janeiro, in the early 1980s, and Brazil's National AIDS Program, *Coordenação Nacional*, was created in 1985. The national program initially focused on producing and disseminating information about the disease (especially to vulnerable populations) and on preparing treatment guidelines for health professionals. Medicines for associated opportunistic infections began to be distributed in 1988, and AZT began to be offered in 1991. In 1996, the government formulated a policy to distribute antiretrovirals at no charge to people living with HIV/AIDS, and in 2001, spent \$232 million on antiretrovirals to treat more than 100,000 patients. Approximately 80 percent of the country's HIV/AIDS budget goes to treatment; less than 10 percent goes to prevention.

Today the National AIDS Program—as well as the various state and municipal AIDS programs—are committed to the following principles:

- Guaranteeing the citizenship and human rights of people living with HIV/AIDS;
- Guaranteeing access to prevention and care for the entire population;
- Guaranteeing access to diagnosis of HIV and AIDS;
- Guaranteeing universal and free access to HIV/AIDS treatment, including antiretrovirals; and
- Working in partnership with civil society.

Brazil's success in providing antiretroviral treatment is partly because it manufactures generic (and low-cost) versions of many antiretroviral drugs, and it has been successful in negotiating the best possible prices with international pharmaceutical companies for others. Another important aspect of the HIV/AIDS program's success is the participation of non-governmental organizations, especially those involving people living with HIV/AIDS. This, however, is troubled by international property rights disputes.

The World Bank has provided significant resources to Brazil in a series of multiyear projects since 1994. AIDS III, the World Bank project covering the period 2003–2005, is currently being formulated and is expected to total \$200 million (with \$100 million coming from the Bank and \$100 million from the government of Brazil).

USAID Support

The U.S. Agency for International Development (USAID) is the largest bilateral HIV/AIDS donor in Brazil. The USAID HIV/AIDS program in Brazil was begun in 1992 and has been guided by two five-year strategies. The present strategy is six years (2003–2008 inclusive). During the decade, USAID HIV/AIDS assistance to Brazil averaged \$2 million per year. In 2001, USAID designated Brazil to be an “intensive focus” country under its expanded response to the global HIV/AIDS epidemic, and funding was increased to \$3.7 million in 2001 and to \$4.7 million in 2002. It is expected to reach \$8 million a year under the approved 2003–2008 strategy.

The past USAID strategy (1998–2003) aims to prevent transmission among women, adolescents, low-income populations, commercial sex workers, and selected male groups in four key states: Rio de Janeiro, Sao Paulo, Bahia, and Ceara. It worked in collaboration with key nongovernmental organizations and focused on activities to prevent transmission of HIV and sexually transmitted infections, promote condom distribution and social marketing, and strengthen institutional capacity.

Condom distribution and social marketing

USAID works with two major partners to promote sustainable condom social marketing activities. DKT works to increase access and use of male and female condoms, making them available to the general public at low prices. It provides technical assistance to the National AIDS Program to develop a nationwide condom social marketing plan, and conduct media and other promotions. DKT collaborates with nongovernmental organizations on a range of activities, including a national AIDS hotline, peer education, a mobile van for STI/HIV prevention counseling and condom distribution. DKT's leadership was significant in negotiating a sales tax exemption for male condoms and substantially reducing the average price of condoms throughout the country. In 2001, DKT increased its total sales of male condoms by 26 percent (from 51 to 63 million), which contributed significantly to expanding accessibility and increasing growth in the

overall commercial condom market. With USAID support, the Brazilian nongovernmental organization, Sociedade Civil Bem-Estar Familiar no Brasil (BEMFAM), increased its social marketing operations that same year in three southern states.

Institutional strengthening

USAID provides assistance to help strengthen national, state, and local capacity to plan, implement, and evaluate HIV/STI programs. Working through Management Sciences for Health, USAID provided technical assistance in team-building, strategic planning, and management to 10 state and municipal HIV/AIDS programs. It provided technical assistance to the National AIDS Program to adapt a UNAIDS methodology for strategic planning at the state level by training 100 facilitators from all 26 states. It developed a database and mapped nongovernmental organizations working in HIV/AIDS, and published a booklet for nongovernmental organizations concerning HIV-related legal issues.

USAID also provides technical assistance to help selected states and municipalities provide integrated HIV, sexually transmitted infection, and reproductive health services to low-income clients. Through Population International, USAID efforts have focused on training health professionals, developing adolescent-friendly reproductive health services, pilot testing client-partner notification, promoting STI/HIV prevention among drug users, strengthening nongovernmental organizations that work with commercial sex workers, and strengthening “AIDS competence” among leaders and followers of key religious sects.

Sexually transmitted infection control

USAID provides assistance to reduce transmission of HIV and sexually transmitted infections by supporting projects that work to:

- Reduce STI/HIV transmission among high-risk populations through the adoption of consistent condom use;
- Expand voluntary counseling and testing;
- Increase sexually transmitted infection services through nongovernmental organization screening and referral;
- Increase nongovernmental organization follow-up and care of sexually transmitted infections; and
- Work closely with the Ministry of Health to encourage the development of a sexually transmitted infection algorithm to pharmacists, since some target groups will only self medicate.

It also conducted a strategic assessment of factors related to transmission in six border regions. This operations research will help to shape future prevention interventions for the Ministry of Health, neighboring countries, and USAID mission in Brazil.

The 2003–2008 Strategy

As in all aspects of HIV/AIDS prevention and treatment, learning is ongoing, and the new USAID strategy for Brazil will build on past experience. The new strategy, closely coordinated with the Ministry of Health officials from the Coordenação Nacional, supports the Ministry’s objectives, and provides assistance that complements, but does not duplicate other efforts. The strategy examines current and planned support of the Coordenação Nacional, the World Bank, other donors, and USAID itself. The resultant needs and opportunities are:

- Condom social marketing for risky sexual behavior;
- Expanded nongovernmental organization coverage of high prevalence groups;
- Expanded nongovernmental organization replication of successful prevention models;
- Expanded nongovernmental organization provision of voluntary counseling and treatment to high prevalence groups;
- Seroprevalence surveillance of high prevalence groups;
- Increased access to sexually transmission infection treatment for risk groups; and
- Strengthened HIV/AIDS/tuberculosis coinfection detection and treatment.

It recognizes, in particular, that changing risky sexual practices among high-risk populations is the most effective approach to reducing HIV prevalence. Because members of high-risk populations are less likely to use public health services than are others, the USAID HIV/AIDS strategy will focus on expanding collaboration with nongovernmental organizations that work with or represent high-risk populations. It will target such key issues as risky sexual behaviors, volun-

tary counseling and testing, and increased access to sexually transmitted infection treatment. It will also help Brazil to develop a system of sentinel HIV surveillance among high-prevalence populations. This will provide more accurate and up-to-date information about the status of the epidemic and emerging trends than the current system of relying on AIDS case reporting.

Selected Links and Contacts

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<http://usaid.embaixadaamericana.org.br/?include=aidseng.htm>

USAID HIV/AIDS Web site, Brazil:
www.usaid.gov/pop_health/aids/Countries/lac/brazil.html

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For more information, see www.usaid.gov/pop/aids or www.synergyaids.com.

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